

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>Women Supporting Cory Gardner</b>	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <b>1624 Market Street, Suite 202</b>	
(c) City, State and ZIP Code <b>Denver CO 80202</b>	3. FEC Identification Number <b>C00568030</b>
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, It amands the report filed on

6. COVERING PERIOD: FROM **09' 29' 2014**  
THROUGH **09' 29' 2014**

6. TOTAL CONTRIBUTIONS.....	<b>80,500.00</b>
7. TOTAL INDEPENDENT EXPENDITURES.....	<b>80,500.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or lie agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

**Alexander Hornaday**

**9/29/14**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20489 Toll Free 800-424-9590, Local 202-694-1100



SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3  
FOR LINE 7 OF FORM 6

NAME OF FILER (In Full)  
**Women Supporting Cory Gardner**

Full Name (Last, First, Middle Initial) of Payee <b>iHeart Media Inc</b>		Date of Public Distribution/Dissemination <b>09 29 2014</b>	
Mailing Address <b>200 E Bassie Rd</b>		Amount <b>80,000.00</b>	
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78209</b>	
Purpose of Expenditure <b>Radio Ad Buy</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CO</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Mark Udall</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>80500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>KLZ Radio (Crawford Broadcasting)</b>		Date of Public Distribution/Dissemination <b>09 29 2014</b>	
Mailing Address <b>2821 S. Parter Rd, Ste 1205</b>		Amount <b>500.00</b>	
City <b>Denver</b>	State <b>CO</b>	Zip Code <b>80014</b>	
Purpose of Expenditure <b>Radio Ad Buy</b>	Category/Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CO</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Mark Udall</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>80500.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>80,500.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<b>0.00</b>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	<b>80,500.00</b>

NON-CONFIDENTIAL

